

**Community Service Network 7 Meeting
DHHS Offices, Biddeford
April 12, 2007**

Approved Minutes

Members Present:

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| <ul style="list-style-type: none"> • Jennifer Goodwin, CSI • Lois Jones, CSI • Scott Ferris, Creative Work Systems • Deborah Bahr, Goodall Hospital | <ul style="list-style-type: none"> • Jeanne Mirisola, NAMI-ME Families • David Proffitt, Riverview Psychiatric Center • Chris Souther, Shalom House • Larry Plant, SMMC | <ul style="list-style-type: none"> • Rita Soulard, SMMC • Mary Jane Krebs, Spring Harbor • Jen Ouellette, York County Shelters • Deborah Erickson-Irons, York Hospital |
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Members Absent:

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| <ul style="list-style-type: none"> • Common Connection Club • Community Mediation Services (vacant) • Center for Life Enrichment (vacant) | <ul style="list-style-type: none"> • Harmony Center • Job Placement Services, Inc. • Saco River Health Services | <ul style="list-style-type: none"> • Transition Planning Group • Volunteers of America |
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Others/Alternates Present: Ron St. James, Mary Tagney, DHHS.

Staff Present: DHHS/OAMHS: Don Chamberlain, Carlton Lewis, via phone: Leticia Huttman, Marya Faust. Muskie School: Janice Daley.

Agenda Item	Presentation, Discussion
I. Welcome and Introductions	Carlton Lewis welcomed everyone and participants introduced themselves.
II. Review and Approval of Minutes	The minutes from the March 8 th meeting were approved as written.
III. Rate Standardization/Budget Update	Don Chamberlain reported that the ASO (Administrative Services Organization) and rate standardization process is driving the mental health budget and there are no conclusions but lots of ongoing discussions. The OAMHS, providers, and Commissioners office have a basic understanding, however, the legislature and Governor's office have not signed on. Marya reported that there are three proposed work groups tasked with finding ways to save funds in the following areas: 1) Administrative Burden, 2) System Redesign, and 3) Rate Standardization. If these work groups do not reach a savings of \$4M, it will default to rate standardization. Don noted that the Request For Proposal for the ASO has been issued and is posted on the DHHS website.
IV. LD 1745: CSN Legislation	Members received a draft of LD 1745, "An Act to Improve Continuity of Care within Maine's Community-based Mental Health Services. Don noted that the Revisor's Office needs to add "consumers and family members" to §3608 where it states "A network shall consist of..." He said the AAG (Assistant Attorney General) working on the Confidentiality Statement will also look at Item F under Responsibilities to make sure everything is consistent with current understanding and practice. There is no hearing date set.
V. Report to the Court Master	Members received copies of two documents submitted to the Court Master on March 16, 2007: 1) Letter (response to his concerns on OAMHS Quarterly Report) and 2) Summary Assessment of Resource Gaps by CSN. Don explained: Deadlines required that OAMHS submit this baseline report to the Court Master, using the best information available. As services are reviewed month by month at CSN meetings, OAMHS will probably revise some things. The review of service gaps reported for CSN 7 and comments/questions are listed as follows:

Agenda Item	Presentation, Discussion
	<ul style="list-style-type: none"> • Peer Services: reviewed page 20. No gaps identified but they are discussing possible need for peer services in EDs. May have a recommendation from this meeting. • Crisis services: no gap • CSUs: no gap • Community Support: used as a measure whether referrals were getting assigned in 7 days • Outpatient: The question is whether wait times are greater than 30 days • Medication Management: Wait times greater than 10 days • Residential: Need to think about gap here and in supported housing. • Vocation: They have identified gaps statewide • Inpatient: No gap • ACT Teams: One member asked that if there is no ACT team, should this be a need. Don responded that this could be a need. <p>Don recommended that this document be considered as the best information available at one point in time. There were no other questions.</p>
VI. Crisis Services, Community Support Services	<p><u>Community Support Services</u> Members received a handout of Performance Indicator data for Community Integration (CI), Intensive Community Integration (ICI), Assertive Community Treatment (ACT) for the first 2 quarters of FY07. The report indicated that there is no gap and that CSI is the primary provider.</p> <p>The report indicated that one person was not assigned to an ACT team within 7 days. Don reported that there is a missing geographic area and asked whether there is a need to create an ACT team and thereby expand the radius. Jeanne Mirisola questioned the accuracy of the data based on her son's experience, and cited a need for an ACT team. There was a long discussion about the reliability of the data and whether it reflects revolving doors. Don noted that data is missing for those people who don't get a match and therefore have no basis to make a request. He cited a need to track this data.</p> <p>There was also a discussion about the number of people in PNMI who need an ACT team. Don mentioned that the providers in Region II are sending referrals to Beacon for a quick assessment of LOC and a review of people who have been in PNMI for a period of time. There was a discussion about how to determine the number of people coming to CSI who cannot be served for a variety of reasons. Don concluded that there are some people who are not receiving ACT level of care due to geography, the fact that they are uninsured or are receiving non-categorical assistance.</p> <p>ACTION: Lois will think about ways that CSI can capture this information.</p> <p>Lois expressed a concern about rate setting and its impact on Intensive Community Integration. The service is defined differently by agencies and there is no outcome data.</p> <p><u>Crisis Services</u> Don informed members that they have started a discussion about what to measure, what data to collect and he referred participants to the pink sheet entitled DHHS Office of Quality Improvement, Statewide Summary Analysis of Crisis Services. He asked a question about the number of people that CSI cannot serve since they do not provide psychiatric services.</p> <p>ACTION: Jennifer will try to determine how to obtain information about people who are not served by CSI as a result of</p>

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	their lack of psychiatric services.
VII. Draft Outcomes and Statistics	Don said OAMHS had hoped to have drafts to distribute, but they are not ready. What outcomes do CSNs want to see for a service or services as a whole, and then, what data is needed to measure the outcomes? OAMHS is looking to reduce data collection to a minimum and to improve the accuracy of the data reported.
VIII. Peer Services	<p>Leticia reported that April is the month for CSNs to make recommendations regarding peer services in hospital emergency departments, and asked if members had recommendations. Jennifer Goodwin reported that CSI and SMMC have looked into this but not made a decision. Lois has called Leticia to ask about training and funding but still needs to have this conversation. Leticia discussed development of a strategic plan for peers in the ED and suggested that it may be helpful to discuss how to develop this incrementally. Jennifer reported that W.C. Martin did follow-up with her and Lois since the last CSN meeting.</p> <p>ACTION: Lois will contact Leticia to discuss possible options for having peers services in the EDs.</p> <p>Leticia discussed the upcoming HOPE conference on June 21st and 22nd and referred people to the brochure. It will be an exciting conference and she asked agencies that cannot send people for both days to share slots among staff. She also encouraged people to attend an Introduction to Intentional Peer Support (Peer Support 101) at The Center for Life Enrichment in Kittery from 1-4 on April 27th.</p>
IX. Outpatient	Don reported that there are times when the wait time exceeds 30 days; however, they have just collected data from those providers with whom the OAMHS has a contract. He stated that there is a question as to whether there are enough outpatient services, and emphasized that their concern is for those people with SMI.
X. Training	<p>Don told the members that OAMHS is looking for their input on training issues and needs for agencies, consumers, etc., to inform the Muskie contract for the upcoming year. Chris Robinson, OAMHS Best Practices Coordinator, will be present at the May meeting to discuss this.</p> <p>ACTION: Develop list of training needs for consumers and staff for next meeting.</p>
XI. Other	None.
XII. Public Comment	None.
XIII. May Agenda Items	<p>Community Support Services Outpatient Services Peer Support in the Emergency Room Medication Management</p>